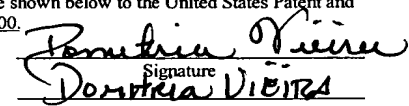
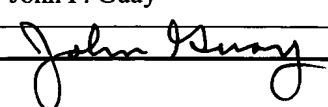
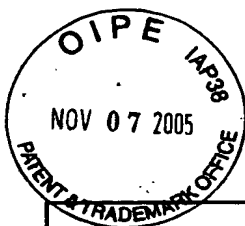


<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <p><b>OTPE</b></p> <p><b>FEE TRANSMITTAL</b></p> <p><b>NOV 07 2005 FOR FY 2005</b></p> <p><i>Patent fees are subject to annual revision.</i></p> <p><i>Applicant claims small entity status. See 37 CFR 1.27</i></p> </div> <div style="text-align: right;"> <p><b>Complete if Known</b></p> </div> </div>		Application Number		10/728,987	
		Filing Date		December 8, 2003	
		First Named Inventor		Akiharu MIYANAGA et al.	
		Examiner Name		W. Markham	
		Art Unit		1762	
		Attorney Docket No.		740756-2681	
TOTAL AMOUNT OF PAYMENT				(\$120.00)	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">19-2380 [740756-2533]</span>  Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Nixon Peabody LLP</span>				<b>3. 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<p style="text-align: center;"><b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b></p> <p>I hereby certify that this correspondence is being:</p> <p><input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____          Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450</p> <p><input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.</p> <p style="text-align: center;"> <span style="margin-right: 100px;">November 7, 2005</span> <span>             Signature            Doménica Viñeira            Typed or printed name         </span> </p>																																																																																																																																																																																									

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)		John F. Guay		Registration No.	47,248
Signature				Telephone	(202) 585-8000
				Date	November 7, 2005

SEND TO: Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/728,987
		Filing Date	December 8, 2003
		First Named Inventor	Akiharu MIYANAGA et al.
		Group Art Unit	1762
		Examiner Name	W. Markham
Total Number of Pages in This Submission	14	Attorney Docket Number	740756-2681

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 month) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	<b>John F. Guay, Reg. No. 47,248</b> Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	November 7, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.	
<u>November 7, 2005</u> Date	 Signature <u>Donatiana VIEIRA</u> Typed or printed name